PRINTED: 11/23/2015 FORM APPROVED

Division of Health Service Regulation

(X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 R B. WING \_ FCL051049 11/13/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **300 SOUTH SHARPE STREET COUNTRYWOOD II SELMA, NC 27576** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) {C 000} Initial Comments {C 000} Report by Suzanna Fay DHSR Construction Section conducted a Biennial Follow-up Survey on November 13, 2015 from 2:17 PM to 2:38 PM at the above referenced facility. Not all of the previously cited deficiencies were corrected. Therefore, further action is required. The remaining deficiencies are as follows: {C 149} Outside Entrances/Exits-Handrails At Porches {C 149} SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (f) All steps, porches, stoops and ramps shall be provided with handrails and quardrails. This Rule is not met as evidenced by: Observations during the survey showed that there is one step up at the front porch and no hand is provided. Have a qualified individual install a handrail on both sides of the front porch steps. 11/13/2015: SF-At the time of this survey, no rails had been added for the front step. Have a qualified technician install a rail to assist in getting up and down the step. Provide documentation of the repairs in the form of photos, receipts or work orders. {C 174} Building Equipment Maintained Safe, Operating {C 174} SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE **EQUIPMENT** 

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(a) The building and all fire safety, electrical,

TITLE (X6) DATE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED	
		FOI 054040	B. WING		R	
FCL051049			11/10/2010			
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE  300 SOUTH SHARPE STREET						
COUNTRYWOOD II SELMA, NC 27576						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
{C 174}	Continued From page 1		{C 174}			
{C 174}	mechanical, and plucare home shall be operating condition (j) This Rule shall family care homes.  This Rule is not med. Observations duthe smoke detector chirping indicating at a new battery in the DHSR Construction invoices, work order any other supporting this repair.  11/13/2015: SF-At smoke detector in the chirping. Interview battery had been in technician repair or	umbing equipment in a family maintained in a safe and apply to new and existing et as evidenced by: uring the survey showed that in the front right bedroom was a weak or dead battery. Install a smoke detector. Provide the a section with copies of all rs, receipts, photographs and g documentation concerning the time of this survey, the he front right bedroom was with Staff revealed that a new stalled. Have a qualified replace the smoke detector. Ition of the repairs in the form	{C 174}			
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